TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES

Economic Impact Statement

LSA Document #17-484

IC 4-22-2.1-5 Statement Concerning Rules Affecting Small Businesses

The Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) proposes to:

- (1) Amend <u>405 IAC 10</u> to define the benefit period as the annual period January-December by which member benefit limitations are applied, POWER accounts are effective, and MCE enrollment is effective.
- (2) Amend 405 IAC 10 to define the eligibility period as the continuous period of plan eligibility that begins after eligibility determination and lasts up to 12 months.
- (3) Amend 405 IAC 10 to define MCE selection period as the period of time in which a member can select the member's managed care entity for the following benefit period.
- (4) Amend <u>405 IAC 10</u> to include pregnant women who meet age and income eligibility criteria as HIP eligible members and end the transfer of pregnant HIP members to other IHCP programs due to their pregnancy.
- (5) Amend <u>405 IAC 10</u> to remove the requirement to offer fast track enrollment to individuals who are eligible only in the PE adult aid category. Qualified individuals are still eligible for fast track upon application for full IHCP benefits.
- (6) Amend 405 IAC 10 to allow for POWER account contribution amounts to be set at an amount determined by the secretary that is based on the individual's annual household income per year. Amounts determined by the secretary must be approved by the United States Department of Health and Human Services. In no event shall the member's monthly POWER account payment exceed one hundred dollars (\$100) per month or be less than one dollar (\$1) per month or one dollar and fifty cents (\$1.50) per month for a tobacco user.
- (7) Amend 405 IAC 10 to allow for a tobacco surcharge to be applied to POWER account contribution amounts for members who continue to use tobacco after 12 months in the program.
- (8) Amend 405 IAC 10 to remove all reference to the HIP Link program.
- (9) Amend 405 IAC 10 to change eligibility for transitional Medicaid assistance.
- (10) Amend <u>405 IAC 10</u> to remove the graduated copayment of twenty-five dollars (\$25) for repeated use of the emergency room for nonemergent services.
- (11) Amend 405 IAC 10 to make technical and conforming changes in terminology.

Impact on Small Business

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The following section provides responses to the following questions outlined in IC 4-22-2.1-5:

- 1. An estimate of the number of small businesses, classified by industry sector, that will be subject to the proposed rule.
 - IC 5-28-2-6 defines a small business as a business entity that satisfies the following requirements:
 - (1) On at least fifty percent (50%) of the working days of the business entity occurring during the preceding calendar year, the business entity employed not more than one hundred fifty (150) employees.

(2) The majority of the employees of the business entity work in Indiana.

The OMPP estimates the number of businesses that are Medicaid certified and meet the criteria of a small business to be as follows:

- 395 chiropractors (IC 25-10) currently enrolled as Indiana Health Coverage Program (IHCP) providers may be impacted through greater coverage under HIP.
- 2. An estimate of the average annual reporting, record keeping, and other administrative costs that small businesses will incur to comply with the proposed rule.

The proposed rule would increase revenue for chiropractors wishing to participate in the Healthy Indiana Plan (HIP) program. Chiropractors enrolled as IHCP providers are already required to maintain documentation of services provided to members. The proposed rule amendment will not impose any additional annual reporting, record keeping, or other administrative costs on small businesses in order to comply with the proposed rule.

3. An estimate of the total annual economic impact that compliance will have on small businesses subject to the rule.

Since no small businesses will incur any additional cost to comply with this rule, there is no economic impact that compliance will have on a small business subject to this rule.

4. A statement justifying any requirement or cost that is imposed by the rule and not expressly required by law. The statement must reference any data, studies, or analyses relied upon by the agency in determining imposition of the requirement or cost is necessary.

The proposed rule amendment will not impose any requirement or cost on small businesses in order to comply with the proposed rule.

5. Any regulatory flexibility analysis that considers any less intrusive or less costly alternative

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methods of achieving the same purpose.

Other factors considered:

- A. Establishment of less stringent compliance or reporting requirements for small businesses.

 The rule has no impact on reporting requirements for small businesses.
- B. Establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses.

The rule has no impact on schedules or deadlines for compliance or reporting requirements for small businesses.

- **C.** Consolidation or simplification of compliance or reporting requirements for small businesses. The rule has no impact on compliance or reporting requirements for small businesses.
- D. Establishment of performance standards for small businesses instead of design or operational standards imposed on other regulated entities by the rule.

The rule has no impact on performance or operational standards for small businesses.

E. Exemption of small businesses from part or all of the requirements or costs imposed by the rule.

This rule increases revenue for small businesses and has no additional cost.

If there are any programmatic or fiscal questions, please contact Natalie Angel at (317) 234-5547 or at natalie.angel@fssa.in.gov. Questions regarding any other aspect of the proposed changes should also be addressed to Jeremy Hoffman at (317) 234-6579 or at jeremy.hoffman@fssa.in.gov.

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